



Low-Income Home Energy Assistance Program (LIHEAP) and Weatherization Assistance Program for Low-Income Persons (DOE) Weatherization Client Files

- Federal/State Laws and Regulations
- Record Keeping Responsibilities
- Client File Documentation Review



DOE FEDERAL LAW REQUIREMENTS

10 CFR Part 440, Section 440.24, Record Keeping

Each grantee or subgrantee receiving Federal financial assistance under this part shall keep such records as DOE shall require:

- Total costs of weatherization expenditures.



DOE FEDERAL LAW REQUIREMENTS (Continued)

- Average costs per dwelling.
- Average size per dwelling.
- Average income per dwelling.
- Other reports deemed necessary to perform weatherization work.



LIHEAP STATE REGULATION REQUIREMENTS

Title 22., Division 11. Chapter 2. Section
100870. Record Keeping

- (a) A contractor shall comply with the record keeping standards set forth in the Common Rule, Section 42, Retention and access requirements for records.



LIHEAP STATE REGULATION REQUIREMENTS (Continued)

- (b) A contractor shall maintain all records required under LIHEAP for a minimum period of three (3) years following the submission of the final expenditure report. However, all records shall be maintained until resolution of all audit findings is completed.



LIHEAP STATE REGULATION REQUIREMENTS (Continued)

- (c) A contractor shall make all books, documents, papers, and records relative to LIHEAP available to the State or any of its duly-authorized representatives, for examination or reproduction, upon a request thereof.



LIHEAP STATE REGULATION REQUIREMENTS (Continued)

- (d) Records shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977.



LIHEAP/DOE Contract Requirements

- LIHEAP - Exhibit F, Section 4 – Record Keeping Responsibilities, and;
- DOE - Exhibit F, Section 3 – Record Keeping Responsibilities states:
 - “All records maintained by Contractor shall meet Office of Management and Budget (OMB) requirements contained in the following circulars: A-102, Subpart C, (“Uniform Administrative Requirements for Grants and Cooperative Agreements to the State and Local Governments”) or A-110 for Nonprofit Organizations.”



LIHEAP/DOE Contract Requirements (Continued)

- “Contractor shall maintain all records for a period of three years after submission of the final report.”
- “Contractor shall make appropriate records available to the federal government, or the State to perform inspections, examinations or for reproduction, upon a reasonable request therefore.”



LIHEAP/DOE Contract Requirements (Continued)

- “Contractor shall maintain a separate file for each applicant certified as eligible to receive assistance.”

LIHEAP/DOE Weatherization Client Files - Required Forms

- **ENERGY INTAKE FORM (CSD 43 & 44)**
 - Universal intake application for LIHEAP and DOE Programs.
- **DOCUMENTATION OF CLIENT ELIGIBILITY**
 - Source documents supporting eligibility (LIHEAP/DOE)

LIHEAP/DOE Weatherization Client Files - Required Forms (Continued)

- **BUILDING CHECK AND JOB ORDER SHEET
(CSD 540)**
 - Used by WX crews to determine cost per line item measure to be billed to CSD.
(LIHEAP/DOE)
- **ENERGY DWELLING UNIT ASSESSMENT (CSD
554)**
 - Used to assess each dwelling and determine measure to be installed and costs. (LIHEAP)

LIHEAP/DOE Weatherization

Client Files - Required Forms

(Continued)

- ENERGY SERVICE AGREEMENT FOR RENTAL UNITS (CSD 515)
 - Written permission of the tenant and the owner, or owner's agent, of the dwelling unit. (DOE)
- DOE SERVICE AGREEMENT FOR UNOCCUPIED MULTI-UNIT BUILDINGS (CSD 515d)
 - Written permission of the owner, or owner's agent, to rent to low-income clients. (DOE)

LIHEAP/DOE Weatherization Client Files - Required Forms (Continued)

- DOCUMENTATION OF UTILITIES
INCLUDED IN RENT AND COSTS
 - Renter's or Lease Agreement (agency form). (LIHEAP)

LIHEAP/DOE Weatherization Client Files - Required Forms (Continued)

- DOCUMENTATION OF COMPLIANCE WITH ASSURANCE 16 PROVISIONS
 - A source document substantiating that client was provided with needs assessment (energy burden), energy education, budget counseling, and coordination with utility companies, in accordance with Assurance 16 requirements. (LIHEAP)
 - A source document substantiating that client was provided energy conservation education. (DOE)



LIHEAP/DOE Weatherization Client Files - Required Forms (Continued)

- **ENERGY AUDIT OUTPUT REPORT**

- Lists the recommended energy conservation measures and copy of installed measures report. (DOE)

LIHEAP/DOE Weatherization Client Files - Required Forms (Continued)

- STATEMENT OF CITIZENSHIP,
ALIENAGE, AND IMMIGRATION STATUS
"CSD 600" (if applicable)
 - To determine citizenship and eligibility.
(LIHEAP)
- REQUIRED BUILDING PERMITS (DOE)
 - If required by local jurisdiction, must be obtained and finalized for vented appliance installations.

LIHEAP/DOE Weatherization Client Files - Required Forms (Continued)

- LEAD-SAFE EDUCATION CONFIRMATION,
"CSD 321" (LIHEAP/DOE)
 - Agency form confirming client received Lead-Safe Education and Pamphlet.
- NOTICE OF WEATHERIZATION/RENOVATION
(CSD 320)
 - Notice to tenants of weatherization/renovations in common areas of multi-family housing.

LIHEAP/DOE Weatherization Client Files - Required Forms (Continued)

- RECORD OF TENANT NOTIFICATION PROCEDURES (CSD 322)
 - Record of tenant notification procedures prior to weatherization/renovation activities in a common area of a multi-family building.
- CSD WEATHERIZATION DEREFERRAL FORM (RHA)
 - Form used to report health and safety problems, which prevents the installation of measures. (LIHEAP/DOE)

LIHEAP/DOE Weatherization Client Files - Required Forms (Continued)

- POST WEATHERIZATION INSPECTION
REPORT (CSD 611)
 - Form used by an inspector to certify performed post-weatherization inspection of dwelling units. (LIHEAP)

QUESTIONS AND ANSWERS





Low-Income Home Energy Assistance Program (LIHEAP) and Weatherization Assistance Program for Low-Income Persons (DOE) Weatherization Client Files

THE END
THANK YOU

Department of Community Services and Development

Energy Intake Form

CSD 43 (Rev. 10/03) Shaded Areas For Official Use Only

0	4						0	0	0	0				
Priority Points						A.C.C.								

Program Type:	
<input type="checkbox"/> LIHEAP-G & E	<input type="checkbox"/> LIHEAP-ECIP/FT

Agency:	Intake Initials:	Intake Date:
---------	------------------	--------------

First Name	Middle Initial	Last Name	
Mailing Address			Unit Number
Mailing City	Mailing County	Mailing State	Mailing ZIP Code
Service Address (Do not use P.O. Box.)			Unit Number
Service City	Service County	Service State CA	Service ZIP Code

Social Security Number	Telephone Number <input type="checkbox"/> Message	Total number of persons living in _____ household, including applicant.
<div></div>	()	

You may also be eligible for a discount on your monthly energy cost for each utility company's reduced rate program.		Enter total gross monthly income for all persons living in the household: <div>TANF \$ <div></div></div> <div>SSI/SSP \$ <div></div></div> <div>SSA \$ <div></div></div> <div>Paycheck(s) \$ <div></div></div> <div>Interest \$ <div></div></div> <div>Pension \$ <div></div></div> <div>Other \$ <div></div></div> <div>TOTAL \$ <div></div></div>
Which utility company do you wish to be paid?	Energy Cost	
Account Number	Energy Burden %	
Name of Customer on Utility Bill		
<input type="checkbox"/> Check here if utilities are included in rent or if sub-metered.		

<div>For Official Use Only Weatherization Assessment</div>	<div><input type="checkbox"/> Type of Cooling 1 A/C 2 Evap. Cooler 3 Fan(s)</div>	<div><input type="checkbox"/> Type of Water Heater 1 Gas 2 Electric 3 Other: _____</div>	<div>Demographics</div> <div>Enter the number of persons in your household who are:</div> <div>1 2 years or under <div></div></div> <div>2 Ages 3 to 5 <div></div></div> <div>3 Ages 6 to 18 <div></div></div> <div>4 Elderly (60 years or older) <div></div></div> <div>5 Disabled <div></div></div> <div>6 Migrant Farmworker <div></div></div> <div>7 Native American <div></div></div> <div>8 Limited-English Speaking <div></div></div> <div>9 Seasonal Farmworker <div></div></div>
<div><input type="checkbox"/> Type of Dwelling 1 Sgl/Family-Owner 2 Sgl/Family-Rental 3 Multi/Family-Owner 4 Multi/Family-Rental 5 Apt-Owner 6 Apt-Rental 7 Mobile Home-Owner 8 Mobile Home-Rental 9 Shelter 10 Unoccupied Dwelling(s)</div>	<div><input type="checkbox"/> Type of Space Heat 1 Electric 2 Gas 3 Wood 4 Propane 5 All Electric 6 Other: _____ 7 None</div>	<div><input type="checkbox"/> Type of Range 1 Gas 2 Electric 3 Other: _____</div>	
<div><input type="checkbox"/> HUD Unit <input type="checkbox"/> Built Pre-1979 <input type="checkbox"/> Lead-Free Cert</div>			<div><input type="checkbox"/> Agency Defined 1 <input type="checkbox"/> Agency Defined 3 <input type="checkbox"/> Agency Defined 2 <input type="checkbox"/> Agency Defined 4</div>

<input type="checkbox"/> House Weatherized	<input type="checkbox"/> Referred for Weatherization	<input type="checkbox"/> Referred for RRP	<input type="checkbox"/> Referred for FRR
--	--	---	---

The information on this application will be used to determine and verify my eligibility for assistance. My signature gives consent for this information to be shared with other offices of the state and federal governments, their designated subcontractors, my utility company(ies), and for my utility company(ies) to share information with other offices of the state and federal governments. I understand that for LIHEAP, I may request a hearing to appeal denial of eligibility or delay in service delivery (over 90 days from receipt of application). If applicable, I hereby authorize installation of weatherization measures to my residence at no cost to me. I declare, under penalty of perjury, that the information on this application is true, correct, and that the funds received will be used solely for the purpose of paying my energy costs.		
Applicant's Signature	Date	Witness' Signature (if signed with an X)
AGENCY NAME: Community Services and Development (CSD). UNIT RESPONSIBLE FOR MAINTENANCE: Home Energy Assistance Program (HEAP). AUTHORITY: Government Code Section 16367.6 (a) Names CSD as the agency responsible for managing HEAP. PURPOSE: The information you provide will be used to decide if you are eligible for a LIHEAP payment and/or the Reduce Rate Program. GIVING INFORMATION: This program is voluntary. If you choose to apply for assistance, you must give all required information. OTHER INFORMATION: CSD uses statistical definitions from the annual update of the Department of Health and Human Services' State Median Income, Federal Income Poverty Guidelines, to determine program eligibility. During application processing, CSD's designated subcontractor may need to ask you for more information to decide your eligibility for either or both programs. ACCESS: CSD's designated subcontractor will keep your completed application and other information, if used, to determine your eligibility. You have the right to access all records holding information about you. CSD does not discriminate in the provision of services on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.		

Department of Community Services and Development

Energy Intake Form

CSD 43 (Rev.10/03) Shaded Areas For Official Use Only

0	4						0	0	0	0				
Priority Points						A.C.C.								

Program Type: <input type="checkbox"/> LIHEAP-G & E <input type="checkbox"/> LIHEAP-ECIP/FT		
Agency:	Intake Initials:	Intake Date:

Nombre	Inicial	Apellido	
Domicilio Postal		Número de Unidad	
Ciudad (de su domicilio postal)	Condado	Estado	Código Postal
Domicilio en que se recibe el servicio de energía (No use Apartado Postal - P.O. Box.)		Número de Unidad	
Ciudad (en que se recibe el servicio)	Condado	Estado CA	Código Postal

Número de Seguro Social <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											Número de Teléfono <input type="checkbox"/> Mensaje ()	Incluyendo al solicitante, escriba el número de personas que viven en su hogar. _____															
Usted también puede ser elegible para recibir descuentos mensuales en costos de energías con otras compañías que ofrecen programas de tarifas reducidas.		Escriba el total del ingreso mensual, en bruto, de todas las personas que viven en su hogar: <table><tr><td>TANF</td><td>\$</td><td>_____</td></tr><tr><td>SSI/SSP</td><td>\$</td><td>_____</td></tr><tr><td>SSA</td><td>\$</td><td>_____</td></tr><tr><td>Sueldo(s)</td><td>\$</td><td>_____</td></tr><tr><td>Interés</td><td>\$</td><td>_____</td></tr><tr><td>Pensión</td><td>\$</td><td>_____</td></tr><tr><td>Otros Ingresos</td><td>\$</td><td>_____</td></tr><tr><td colspan="2">TOTAL</td><td>\$</td><td>_____</td></tr></table>	TANF	\$	_____	SSI/SSP	\$	_____	SSA	\$	_____	Sueldo(s)	\$	_____	Interés	\$	_____	Pensión	\$	_____	Otros Ingresos	\$	_____	TOTAL		\$	_____
TANF	\$		_____																								
SSI/SSP	\$		_____																								
SSA	\$		_____																								
Sueldo(s)	\$	_____																									
Interés	\$	_____																									
Pensión	\$	_____																									
Otros Ingresos	\$	_____																									
TOTAL		\$	_____																								
¿Cuál compañía de servicios de energía le gustaría que se pagara?	Energy Cost																										
Número de Cuenta	Energy Burden %																										
Nombre del Cliente (como aparece en la factura)																											
<input type="checkbox"/> Marque aquí si el pago de energía está incluido en la renta o si el servicio de energía es sub-medido.																											

For Official Use Only Weatherization Assessment	<input type="checkbox"/> Type of Cooling 1 A/C 2 Evap. Cooler 3 Fan(s)	<input type="checkbox"/> Type of Water Heater 1 Gas 2 Electric 3 Other: _____	Información Demografica Escriba el número de personas en su hogar que son: 1 De 2 años o menores 2 De 3 años a 5 años 3 De 6 años a 18 años 4 De 60 años o mayores 5 Incapacitados 6 Campesinos Migratorios 7 Americanos Nativos 8 Personas con Inglés Limitado 9 Campesinos Temporales
<input type="checkbox"/> Type of Dwelling 1 Sgl/Family-Owner 2 Sgl/Family-Rental 3 Multi/Family-Owner 4 Multi/Family-Rental 5 Apt-Owner 6 Apt-Rental 7 Mobile Home-Owner 8 Mobile Home-Rental 9 Shelter 10 Unoccupied Dwelling(s)	<input type="checkbox"/> Type of Space Heat 1 Electric 2 Gas 3 Wood 4 Propane 5 All Electric 6 Other: _____ 7 None	<input type="checkbox"/> Type of Range 1 Gas 2 Electric 3 Other: _____	
<input type="checkbox"/> Other <input type="checkbox"/> HUD Unit <input type="checkbox"/> Built Pre-1979 <input type="checkbox"/> Lead-Free Cert			<input type="checkbox"/> Agency Defined 1 <input type="checkbox"/> Agency Defined 3 <input type="checkbox"/> Agency Defined 2 <input type="checkbox"/> Agency Defined 4

<input type="checkbox"/> House Weatherized	<input type="checkbox"/> Referred for Weatherization	<input type="checkbox"/> Referred for RRP	<input type="checkbox"/> Referred for FRR
La información en esta solicitud será usada para determinar y verificar mi elegibilidad para recibir ayuda. Con mi firma doy autorizacion para que esta información sea compartida con otras oficinas del Gobierno Estatal y Federal, subcontratistas designados por ellos, con la(s) compañía(s), que me ofrece(n) servicio(s) de energía y para que la(s) compañía(s) que me ofrece(n) servicio(s) de energía comparta(n) información con otras oficinas del Gobierno Estatal y Federal. Entiendo que en el programa de LIHEAP, puedo solicitar una audiencia para apelar en caso de que se me niegue elegibilidad o por retraso en la distribución del servicio (más de 90 días después de ser recibida la solicitud). En caso de ser elegible, doy permiso para la instalación de material aislante en mi residencia sin costo alguno para mí. Declaro, bajo pena de perjurio, que la información declarada en esta solicitud es correcta y verdadera, y que los fondos recibidos serán usados unicamente con el objetivo de pagar mis gastos de consumo de energía.			
Firma del Solicitante		Fecha	Firma del Testigo (si firmó con una X)

Declaracion de Confidencialidad/Informacion Adicional
NOMBRE DE LA AGENCIA: Departamento de Servicios y Desarrollo de la Comunidad (CSD). UNIDAD RESPONSABLE DE MANTENIMIENTO: Programa de Ayuda para la Energía del Hogar (HEAP). AUTORIDAD: El código gubernamental, Sección 16367.6 (a) designa a CSD como la agencia responsable de la administración de HEAP. OBJETIVO: La información que proporcione se usará para determinar si usted reúne los requisitos para recibir el pago de LIHEAP, y/o el Programa de Tarifas Reducidas. PROPORCIONANDO INFORMACION: La participación en este programa es voluntaria. Si decide solicitar esta ayuda, debe proporcionar toda la información requerida. INFORMACION ADICIONAL: CSD utiliza definiciones estadísticas de la actualización anual de las Pautas de Ingresos Federales de Pobreza del Departamento de Salud y Servicios Humanos para determinar la aceptación de una persona en los programas. Durante el trámite de su solicitud, es posible que el subcontratista designado por CSD necesite pedirle información adicional para determinar si se le puede aceptar en estos u otros programas. ACCESO: El subcontratista designado por CSD se quedará con su solicitud, y otra información, si se usó para determinar su eligibilidad. Usted tiene derecho de acceso a todos los expedientes que contengan información sobre usted. CSD no discrimina en los servicios que ofrece debido a raza, religión, credo, color, origen de nacionalidad, incapacidad física, incapacidad mental, condición médica, estado marital, sexo, edad, u orientación sexual.

Department of Community Services and Development

Energy Intake Form

CSD 44 (Rev. 10/03) Shaded Areas For Official Use Only

0	4						0	0	0	0				
Priority Points						A.C.C.								

Program Type:

☐ LIHEAP-G & E

☐ LIHEAP-ECIP/FT

Agency:		Intake Initials:		Intake Date:	
First Name		Middle Initial		Last Name	
Mailing Address				Unit Number	
Mailing City		Mailing County		Mailing State	
Mailing ZIP Code		Mailing State		Mailing ZIP Code	
Service Address (Do not use P.O. Box.)				Unit Number	
Service City		Service County		Service State	
Service ZIP Code		Service State		Service ZIP Code	

Social Security Number	Telephone Number	<input type="checkbox"/> Message	Total number of persons living in _____ household, including applicant.
	()		

You may also be eligible for a discount on your monthly energy cost for each utility company's reduced rate program.		Enter total gross monthly income for all persons living in the household: TANF \$ _____ SSI/SSP \$ _____ SSA \$ _____ Paycheck(s) \$ _____ Interest \$ _____ Pension \$ _____ Other \$ _____ TOTAL \$ _____
Which utility company do you wish to be paid?	Energy Cost	
Account Number	Energy Burden %	
Name of Customer on Utility Bill		
<input type="checkbox"/> Check here if utilities are included in rent or if sub-metered.		
Reduced Rate Programs provide up to a 15% monthly discount on energy costs for the following utility companies: Pacific Power and Light (PP&L) and Avista Utilities (AU).		

Name of Utility Company
Account Number
Name of Customer on Utility Bill
<input type="checkbox"/> Check here if sub-metered.

Note: If your energy costs are included in rent and do not change from month to month, you are not eligible for the discount.

<div>For Official Use Only</div> <div>Weatherization Assessment</div>	<div><input type="checkbox"/> Type of Cooling</div> <div>1 A/C</div> <div>2 Evap. Cooler</div> <div>3 Fan(s)</div>	<div><input type="checkbox"/> Type of Water Heater</div> <div>1 Gas</div> <div>2 Electric</div> <div>3 Other: _____</div>	<div>Demographics</div> <div>Enter the number of persons in your household who are:</div> <div>1 2 years or under</div> <div>2 Ages 3 to 5</div> <div>3 Ages 6 to 18</div> <div>4 Elderly (60 years or older)</div> <div>5 Disabled</div> <div>6 Migrant Farmworker</div> <div>7 Native American</div> <div>8 Limited-English Speaking</div> <div>9 Seasonal Farmworker</div>
<div><input type="checkbox"/> Type of Dwelling</div> <div>1 Sgl/Family-Owner</div> <div>2 Sgl/Family-Rental</div> <div>3 Multi/Family-Owner</div> <div>4 Multi/Family-Rental</div> <div>5 Apt-Owner</div> <div>6 Apt-Rental</div> <div>7 Mobile Home-Owner</div> <div>8 Mobile Home-Rental</div> <div>9 Shelter</div> <div>10 Unoccupied Dwelling(s)</div>	<div><input type="checkbox"/> Type of Space Heat</div> <div>1 Electric</div> <div>2 Gas</div> <div>3 Wood</div> <div>4 Propane</div> <div>5 All Electric</div> <div>6 Other: _____</div> <div>7 None</div>	<div><input type="checkbox"/> Agency Defined 1</div> <div><input type="checkbox"/> Agency Defined 2</div> <div><input type="checkbox"/> Agency Defined 3</div> <div><input type="checkbox"/> Agency Defined 4</div>	

<input type="checkbox"/> House Weatherized	<input type="checkbox"/> Referred for Weatherization	<input type="checkbox"/> Referred for RRP	<input type="checkbox"/> Referred for FRR
--	--	---	---

The information on this application will be used to determine and verify my eligibility for assistance. My signature gives consent for this information to be shared with other offices of the state and federal governments, their designated subcontractors, my utility company(ies), and for my utility company(ies) to share information with other offices of the state and federal governments. I understand that for LIHEAP, I may request a hearing to appeal denial of eligibility or delay in service delivery (over 90 days from receipt of application). If applicable, I hereby authorize installation of weatherization measures to my residence at no cost to me. I declare, under penalty of perjury, that the information on this application is true, correct, and that the funds received will be used solely for the purpose of paying my energy costs.

Applicant's Signature

Date

Witness' Signature (if signed with an X)

Privacy Statement/Other Information

AGENCY NAME: Community Services and Development (CSD). UNIT RESPONSIBLE FOR MAINTENANCE: Home Energy Assistance Program (HEAP). AUTHORITY: Government Code Section 16367.6 (a) Names CSD as the agency responsible for managing HEAP. PURPOSE: The information you provide will be used to decide if you are eligible for a LIHEAP payment and/or the Reduce Rate Program. GIVING INFORMATION: This program is voluntary. If you choose to apply for assistance, you must give all required information. OTHER INFORMATION: CSD uses statistical definitions from the annual update of the Department of Health and Human Services' State Median Income, Federal Income Poverty Guidelines, to determine program eligibility. During application processing, CSD's designated subcontractor may need to ask you for more information to decide your eligibility for either or both programs. ACCESS: CSD's designated subcontractor will keep your completed application and other information, if used, to determine your eligibility. You have the right to access all records holding information about you.

CSD does not discriminate in the provision of services on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

SOCIAL SECURITY ADMINISTRATION

Date: January 26, 2004
Claim Number:

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning January 2004, the current
Supplemental Security Income payment is.....\$ 790.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

WBUG

12/26/03 13:31

COUNTY 34 CASE SERIAL 073448 FBU 00 MULT 0

AID-TYPE 3A-0 ELIG STAT ACTIVE SUSP

LM SEQ 05 BF SEQ E7 ELIG WKR A1H

CASE NAME

PAYEE

BIC DESCRIPTION	FROM	THRU	BALANCE	2 PRIOR	1 PRIOR	CURRENT	FUTURE
139 PA GRANT-AUTO			.00	331.00	331.00	331.00	331.0
163 RENT/MORTGAGE 2-	06/03		.00	500.00	500.00	500.00	500.0
179 STD UTIL ALLOW	06/03		.00	206.00	206.00	206.00	206.0
190 HH TYPE/PERSONS			.00	W02	W02	W02	W02
196 NO INCOME			.00	XXXXXXX	XXXXXXX	XXXXXXX	XXXXXX
996 PAY MAX AID	12/89		.00	XXXXXXX	XXXXXXX	XXXXXXX	XXXXXX

WPER

12/26/03 13:31

COUNTY 34 CASE SERIAL 073448 FBU 00

AID-TYPE 3A-0 ELIG STAT ACTIVE SUSP

LM SEQ 05 BF SEQ E7 ELIG WKR A1H

CASE NAME VALINE

DENESE

F PR	PERSON NAME	S	BIRTH	SOC SEC	P MED	V	F	F
X NO	FIRST	LAST	DATE	ETH	NUMBER	C AID	D	P R S
. 02			F 10/29/1968	D		F	30	P F
. 11			F 07/25/1990	D		9		
. 90			M 07/11/1963			9		
. 12			M 11/11/1996	W		4		
. 91			M 00/00/0000	W		X		

F D=WPDT



Pacific Gas and
Electric Company

Residential Bill

PG&E Pacific Gas and Electric Company

99901234567890100000344250000034825

Account Number	Bill Date	Amount Due	Due Date	Amount Enclosed
1234567890-1	03/30/2004	\$348.25	04/19/2004	

001:4.90.14462 1 AV 0.238
|||||

JANE SAMPLE
77 BEALE ST
SAN FRANCISCO CA 94609-9999

PG&E
BOX 997300
SACRAMENTO, CA
95899-7300

201.1206

Please return this portion with your payment. Thank you.

ACCOUNT SUMMARY

Service	Service Dates	Amount
Gas	03/01/2004 To 03/30/2004	\$102.96
Electric	03/01/2004 To 03/30/2004	229.96
Energy Commission Tax		0.42
Utility Users' Tax		14.91
TOTAL CURRENT CHARGES		\$348.25
Previous Balance		355.30
03/15 Payment - Thank You		355.30-
TOTAL AMOUNT DUE		\$348.25
DUE DATE - 04/19/2004		

1-800-743-5000
Assistance is available by
telephone 24 hours per day,
7 days per week.

2435 MISSION ST
SAN FRANCISCO CA 94110

1234567890-1

March 2004

Messages:

PAGE 1 of 4

How to Read Your Bill

Your Account Number.
When you have questions or need service, please have this number ready for faster service.

Service Address.
The address where gas is used (may differ from your mailing address).

Next Meter Reading Date.
On or about this day, the meter reader needs to have safe access to your gas meter.

Date and Amount of Last Payment.
The date and amount of the last payment applied to your account.

Energy Comparison.
Helps you keep track of your energy use by comparing this year's use with last year.

Your Account Number
987 854 3210 3
JOHN Q PUBLIC
1801 S ATLANTIC BLVD
MONTEREY PARK CA 91754-6135

More phone numbers
and info on back of bill
24-Hour Service and Info
(800) 427-7306 (English)
(800) 342-9545 (Spanish)

PG&E
PG&E Gas & Electric Energy Inc.
P.O. Box 7
Monterey Park, CA 91754
www.pgandeg.com

**24-Hour Service
And Information.**
Use this toll-free
number to call us.

Date Mailed Oct 12, 2003				
Rate	Climate Zone			
GR	1			
	Cycle 07			
The Gas Company's Gas Commodity Charges per Therm \$ 4.8268/Therm				
Billing Period	Meter	Readings	Difference	Billing
From To	Number	Prev Pres	=CCF	Factor x Therms
09/09/03 10/09/03	04076854	655 684	29	1.025 x 30
*Estimated Read				
Next Meter Reading Date on or about Nov 06, 2003				

Difference.
The amount of
gas you've used
since we last
billed you.

Summary of Charges				Amount
Customer Charge	30 Days	x 0.16458=	\$	4.93
Baseline	14 Therms	x 0.72357=		10.13
Over Baseline	16 Therms	x 0.90500=		14.48
Gas Charges				29.54
State Regulatory Fee	30 Therms	x 0.00199=		0.06
Public Purpose Surcharge	30 Therms	x 0.02781=		0.83
Taxes & Fees on Gas Charges				0.89
Total Gas Charges Including Taxes and Fees				29.63

**Payment Due
Date.**
Current charges
past-due if not
paid by this date
(nineteen days
from mailing
date).

Thank you for your payment: Sep 16, 2003	Total Current Gas Charges	39.43
Amount of Last Payment: 20.90	Total Amount Due	30.43
	Current Amount Past Due if not paid by Oct 31, 2003	

Special Discount You may be eligible for the California Alternate Rates for Energy (CARE) program. For more information and to request an application, please call 1-800-772-5050.

Descuento Especial Usted podría ser elegible para el programa de Tarifas Alternativas para Energía en California (CARE). Para más información y para pedir una solicitud, por favor llame al 1-800-772-5050.

Message Area.
Check here for
information
about your bill,
customer
programs and
energy-saving
tips.

Energy Comparison	This Year	Therms	Doll Average	Last Year	Therms	Doll Average
Oct	28	28	1.00	24	22	1.10
Nov	22	22	4.43	31	35	1.05
Dec	29	14	0.66	29	31	1.07

Date Mailed Oct 12, 2003 Please bring entire bill if payment is made in person or return stub with your payment by mail

07 7030 0054
S

**Total Amount Due
\$30.43
Please Pay
By 10/31/03**

The Gas Company
P.O. Box C
Monterey Park CA 91754

101000L-0075 010072 1 NY 0.270
JOHN Q PUBLIC
C/O JANE Q PUBLIC
1801 S ATLANTIC BLVD
MONTEREY PARK CA 91754-6135

Your Account Number
987 854 3210 3



REFER TO BACK OF BILL

**Therms, Rate,
Billing Factor.**
Check the back of
your bill for
explanations of
these terms and
more.

80 7676543210 00003043 30 7676543210 0000304330

Reference #:

Dwelling Information and Certifications

Occupant Name:		Landlord/Manager Name (if applicable):	
Address:		City/Zip:	
Contact Name (if different from occupant):	Telephone (1):		Telephone (2):
Major Cross Street:	Map Reference:	Dwelling Status: <input type="checkbox"/> Unweatherized <input type="checkbox"/> Previously Weatherized Date: _____	
Housing Type: <input type="checkbox"/> Single <input type="checkbox"/> Multi # of units _____ <input type="checkbox"/> Mobile <input type="checkbox"/> Other _____	Year Built:	HUD Unit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Previously Certified Lead Free: <input type="checkbox"/> Yes <input type="checkbox"/> No
Intake Date:	Assessment Date:	Ineligible Due To: <input type="checkbox"/> Structure <input type="checkbox"/> Hazard <input type="checkbox"/> Other _____	Approval Date:
Directions & Special Concerns:			
Customer Acceptance of Services: I understand that the work may vary slightly from the original assessment once work commences due to funding shortages, unfeasible measures or other pertinent factors. I understand that these services are free of charge to me or my landlord. I also agree to have the old refrigerator, microwave and incandescent light bulbs to be removed and replaced, if applicable. If I am not the owner of the old refrigerator/microwave, I agree that when I move from these premises the appliances will remain in the unit. I agree to allow the work described herein to be performed, however, I have refused the following measures:			
Customer Signature: _____		Assessor: _____	
Date: _____		Date: _____	
Wx Start Date:	Wx Completion Date:	Quality Assurance Date:	Meets Post Inspection Criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No
Post Inspection Date (if applicable):			
Customer Certification of Completed Work: I agree that the work described herein has been performed satisfactorily and that the premises were left clean.		Signature: _____ Date: _____	
Quality Assurance Certification: I certify that all measures were installed in accordance with wx installation standards and current contract provisions.			
Signature: _____		Job Title: _____ Date: _____	
For Office Use Only: Completion Certification I certify that to the best of my knowledge that the information contained in this client file is true and that all documentation supporting this claim is on file and available for audit.			
Signature: _____		Job Title: _____ Date: _____	

Reference #:

CSD 540 (Rev. 1/04)

Building Sketch

[illegible]

Reference #:

Job Order

ACTIVITIES AND MEASURES		FOOTNOTES	LIHEAP	DOE	OTHER	Total Estimated Labor Hours	Total Estimated Quantity	Total Estimated Cost	Total Actual Labor Hours	Total Actual Quantity	Total Actual Cost
ASSESSMENTS			(Check one)								
1	Blower Door Test										
2	Combustion Appliance Safety Pre-Test										
3	Combustion Appliance Safety Post-Test										
4	Duct Leakage Pre-Test										
5	Duct Leakage Post-Test										
6	Non-Blower Door Assessment (With Attic)										
7	Non-Blower Door Assessment (Without Attic)										
8	NEAT Energy Audit										
HEALTH + SAFETY MEASURES											
9	Gas Range Repair or Replacement										
10	Gas Water Heater Repair or Replacement										
11	Heating Source Repair										
12	Vented Heating Source Replacement										
13	Wood-Fueled Space Heater										
14	Carbon Monoxide Alarm, one or more										
15	Other										
INSULATION MEASURES											
16	Attic Ventilation (in conjunction with ceiling insulation only)	B									
17	Attic Insulation Existing (R-) to R-11	B									
18	Attic Insulation Existing (R-) to R-19	B									
19	Attic Insulation Existing (R-) to R-30	B									
20	Attic Insulation Existing (R-) to R-38	B									
21	Duct Insulation	A									
22	Kneewall Insulation Existing (R-) to R11	B									
23	Kneewall Insulation Existing (R-) to R19	B									
INFILTRATION REDUCTION											
24	Caulking										
25	Duct & Register Repair/Replacement										
26	Glass Replacement										

Footnotes:

A Special requirements for DOE; refer to LIWAP Policies & Procedures

B DOE: Priority measure for Zones 4 + 5, all other zones require an energy audit.

Reference #:

Job Order

ACTIVITIES AND MEASURES		FOOTNOTES	LIHEAP	DOE	OTHER	Total Estimated Labor Hours	Total Estimated Quantity	Total Estimated Cost	Total Actual Labor Hours	Total Actual Quantity	Total Actual Cost
INFILTRATION REDUCTION-cont.			(Check one)								
27	Minor Envelope Repairs										
28	Weatherstripping, Entrance Door										
29	Weatherstripping, Other										
30	Switch & Outlet Gaskets										
31	Other										
GENERAL HEAT WASTE MEASURES											
32	Evaporative Cooler/AC Vent Cover										
33	Hot Water Flow Restrictors, Faucet Restrictor										
34	Hot Water Flow Restrictors, Low Flow Showerhead										
35	Water Heater Blanket										
36	Water Heater Pipe Wrap										
ELECTRIC BASE LOAD MEASURES											
37	Compact Fluorescent Lamps-Hard-Wired										
38	Compact Fluorescent Lamps-Thread-Based										
39	Electric Water Heater Repair or Replacement	A									
40	Fluorescent Torchier Lamp Replacement										
41	Microwave Oven										
42	Refrigerator Replacement	A									
OPTIONAL MEASURES (ENERGY AUDIT REQUIRED BY DOE)											
43	Air Conditioning Unit Repair										
44	Ceiling Fans										
45	EBL-Evap. Cooler Install.-New Roof Unit										
46	EBL-Evap. Cooler Install.-New Wall Unit										
47	EBL-Evap. Cooler Install.-New Window Unit										
48	EBL-Evap. Cooler Install.-Replace Roof Unit										
49	EBL-Evap. Cooler Install.-Replace Wall Unit										

Footnotes:

A Special requirements for DOE; refer to LIWAP Policies & Procedures

Reference #:

Job Order

ACTIVITIES AND MEASURES		FOOTNOTES	LI	HE	AP	DOE	OTHER	Total Estimated Labor Hours	Total Estimated Quantity	Total Estimated Cost	Total Actual Labor Hours	Total Actual Quantity	Total Actual Cost
OPTIONAL MEASURES (ENERGY AUDIT REQUIRED BY DOE) -cont.													
50	EBL-Evap. Cooler Install.-Replace Window Unit												
51	EBL-Window/Wall A/C-Replace Multi-Story Wall Unit												
52	EBL-Window/Wall A/C-Replace Multi-Story Window Unit												
53	EBL-Window/Wall A/C-Replace Single-Story Window Unit												
54	EBL-Window/Wall A/C-Replace Single-Story Window Unit												
55	Electric Water Heater Timer												
56	Evaporative Cooler Repair												
57	Filter/Signal Replacement for A/C or Furnace Unit, Filters Only												
58	Filter/Signal Replacement for A/C or Furnace Unit, Filters + Replacement Signal												
59	Floor Foundation Venting												
60	Floor Insulation over 36" clearance (sq. ft.)	C											
61	Floor Insulation under 36" clearance (sq. ft.)	C											
62	Programmable Thermostat	B											
63	Shadescreens												
64	Shutters												
65	Storm Windows, Fixed	D											
66	Storm Windows, Operable, Glass	D											
67	Storm Windows, Operable, Polycarbonate	D											
68	Storm Windows, Operable, Vinyl	D											
69	Tinted Film	A											
70	Wall Insulation												
71	Water Heater Timer												
72	Other												

Footnotes:

- A Special requirements for DOE; refer to LIWAP Policies & Procedures
- B DOE: Priority measure for Zones 4 + 5, all other zones require an energy audit.
- C DOE: Priority measure for Zone 4, all other zones require an energy audit.
- D DOE: Priority measure for Zone 5, all other zones require an energy audit.

DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT

CSD 554 (REV. 04/01)

ENERGY DWELLING UNIT ASSESSMENT

Job:		Telephone Number: ()	Intake Date:
Name:			Assessment Date:
Address:			Approval Date:
Directions and Special Problems:			
Date Started:	Date Completed:	Total Actual Cost: (From Page 3)	
		\$	

MEASURE MASTER KEY:

MNN - MEASURE NOT NEEDED
MIP - MEASURE IN PLACE
MCBI - MEASURE CANNOT BE INSTALLED
REF - CLIENT REFUSAL
MLR - MAXIMUM LIMIT REACHED

State of California
 DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
ENERGY DWELLING UNIT ASSESSMENT
 CSD 554 (Rev. 04/01)

MANDATORY MEASURES

1. Combustion Appliance Safety Hazard Repair/Replacement

(Bill under Optional Measures #15, 16, 17, 19, 20, or 21)

Yes

☐

No

☐

MANDATORY MEASURES		Total Labor Hours	Estimated Quantity	Estimated Cost	Actual Quantity	Actual Cost
2.	Glass Replacement, Per Dwelling					
3.	Duct and Register Repair/Replacement					
4.	Minor Envelope Repair, Per Dwelling					
5.	Evaporated Cooler/AC Vent Cover (Inside), Per Cover					
6.	Attic Venting, Per Dwelling					
7.	a. Ceiling Insulation Existing () to R11		SF		SF	
	b. Kneewall Insulation Existing () to R11		SF		SF	
	c. Ceiling Insulation Existing () to R19		SF		SF	
	d. Kneewall Insulation Existing () to R19		SF		SF	
	e. Ceiling Insulation Existing () to R30		SF		SF	
	f. Ceiling Insulation Existing () to R38		SF		SF	
8.	Low-Flow Showerhead, Per Showerhead					
9.	Hot Water Faucet Restrictor, Per Device					
10.	Door Weatherstripping, Per Hinged Entrance Door					
11.	Water Heater Blanket, Per Blanket					
12.	Water Heater Pipe Wrap		LF		LF	
13.	Duct Wrap		LF		LF	
14.	Switch/Outlet Gaskets, Per Dwelling					
15.	Caulking, Per Dwelling					
16.	Other Weatherstripping		LF		LF	
17.	Electric Base Load Measures:					
	a. Refrigerator Replacement					
	b. Electric Water Heater Repair/Replacement					
	c. Microwave Oven					
	d. Compact Fluorescent Lamps					
	Thread-based Compact Fluorescent Lamps 1. (Limit five per dwelling)					
	Hard-Wired Compact Fluorescent Lamps 2. (Limit one per dwelling)					

State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
ENERGY DWELLING UNIT ASSESSMENT
CSD 554 (Rev. 04/01)

OPTIONAL MEASURES		Total Labor Hours	Estimated Quantity	Estimated Cost	Actual Quantity	Actual Cost
1.	Ceiling Fans, Per Dwelling					
2.	Evaporative Cooler Repair					
3.	Filter Replacement for A/C or Furnances, Filters Only, Per Dwelling					
4.	Filter Replacement for A/C or Furnances, Filters + Replacement Signal, Per Dwelling					
5.	Floor Foundation Venting					
6.	Floor Insulation (+36") Clearance		SF		SF	
7.	Floor Insulation (-36") Clearance		SF		SF	
8.	Electric Water Heater Timer, Per Timer					
9.	Setback Thermostat, Per Dwelling					
10.	Shadescreen		SF		SF	
11.	Shutters		SF		SF	
12.	a. Storm Windows - - Operable (Vinyl)		SF		SF	
	b. Storm Windows - - Operable (Polycarbonate)		SF		SF	
	c. Storm Windows - - Operable (Glass)		SF		SF	
	d. Storm Windows - - Fixed		SF		SF	
13.	Tinted Film		SF		SF	
14.	Wall Insulation		SF		SF	
15.	Wood Fueled Space Heater, Per Dwelling					
16.	Vented Heating Source Replacement, Per Dwelling					
17.	Heating Source Repair, Per Dwelling					
18.	Air Conditioning Unit Repair, Per Dwelling					
19.	Range - Gas (Safety Hazard Repair/Replacement), Per Dwelling					
20.	Water Heater - Gas (Repair/Replacement), Per Dwelling					
21.	Carbon Monoxide Detectors, Per Dwelling					
	Mileage					
Totals						

State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
ENERGY SERVICE AGREEMENT FOR RENTAL UNITS
CSD 515 (Revised 10/99)

_____ agrees to provide certain program
(Contractor)
services at no cost to the owner's dwelling unit:

Tenant (print or type name): _____
Address: _____ Apt./Unit No.: _____
City: _____ ZIP Code: _____
Tenant's Telephone Number: _____

Tenant's Signature: _____ Date: _____

Owner (print or type name): _____
Owner's Address: _____
City: _____ ZIP Code: _____
Owner's Telephone Number: _____

Owner's (or Owner's Agent's) Signature: _____ Date: _____

By signing this form, the owner or owner's agent and the tenant grant the contractor permission to enter the dwelling unit and to perform or install rehabilitation, minor home repair, and/or weatherization measures, depending on the program(s) to the above-described unit and agree to the following:

1. The owner or owner's agent shall not raise the rent of the unit or evict the unit's resident because of the increased value of the unit due solely to rehabilitation, minor home repair, and/or weatherization measures provided by the contractor.
2. The owner or owner's agent and the tenant shall retain all applied measures in the residence where installed.
3. The tenant authorizes the contractor access to utility company record to obtain only energy usage data for a period of one year before and one year after rehabilitation, minor home repair, and/or weatherization measures are installed.

The contractor agrees to the following:

1. Shall be responsible for the cost of rehabilitation, minor home repair, and/or weatherization measures performed.
2. Shall ensure that the agency is insured and shall be responsible for damage to unit premises, furnishing, and/or resident(s) that is caused by rehabilitation, minor home repair, and/or weatherization activities.
3. Shall schedule rehabilitation, minor home repair, and/or weatherization services at the convenience of all parties.
4. Shall provide rehabilitation, minor home repair, and/or weatherization services only to tenants eligible under program requirements.
5. Shall assure that the owner, or owner's agent, and tenant data shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977, as amended, and the Federal Privacy Act of 1974, as amended.

Contractor (print or type name): _____

Address: _____ Room No.: _____

City: _____ ZIP Code: _____

Program Manager's Signature: _____ Date: _____

ENERGY SERVICE AGREEMENT FOR RENTAL UNITS

CSD 515 (Revised 10/99)

INSTRUCTIONS

This Energy Service Agreement for Rental Units or Contractor's equivalent must be used for all rental dwelling units, **except for unoccupied (vacant) multi-unit buildings weatherized under the Department of Energy Weatherization Assistance Program for Low-Income Persons.**

No energy program services shall be performed without first obtaining the written permission of the tenant and the owner, or owner's agent, of the dwelling unit.

This agreement is between the contractor, the tenant and the owner, or owner's agent, of the dwelling unit. It outlines the responsibilities of all parties involving energy program services/ measures to be performed.

- Enter contractor's name.
- Enter tenant's name, address, and telephone number of dwelling unit.
- Obtain original signature of tenant.
- Obtain owner's name, address, and telephone number.
- Obtain original signature of owner or owner's agent.
- Enter contractor's name and address.
- Obtain original signature of the Energy or Weatherization Project Manager, and enter date signed.

DOE SERVICE AGREEMENT FOR UNOCCUPIED MULTI-UNIT BUILDINGS
CSD 515d (New 10/99)

Owner:

I, _____, certify that I am the Owner/Authorized Agent (Owner/Agent) for the property located at:

(address)

and I certify I will rent to low-income tenants that meet the income qualifications for the Department of Energy Weatherization Assistance Program within 180 days of work completion. I certify that I accept full financial responsibility for the work completed under the above specified program(s) should I be out of compliance with the terms of this Agreement and I shall repay the Contractor the full amount immediately upon written notification of non-compliance. I shall submit to the Contractor a schedule of rents prior to commencement of work. I certify that rents shown on this schedule shall not increase for a period of two years beginning the day an eligible tenant moves in unless the rent increase is based on factors other than the increased value of the unit due to the work performed by the Contractor (allowable factors include an actual increase in property taxes, actual cost of amortizing other improvements to the property accomplished after the date of work completed by the Contractor, or actual increases in expenses of maintaining and operating this property). I certify that I shall provide a copy of this Agreement and a synopsis explaining its terms to all tenants and subsequent tenants residing in the unit within the two year period. This synopsis shall include the complaint procedure and current telephone number of the Contractor should the provisions of this Agreement not be met.

I authorize _____ (Contractor) to make the following minor home repair and/or weatherization measures and improvements at the above-referenced property, depending upon feasibility, cost effectiveness, and/or other factors.

_____	_____
_____	_____
_____	_____

I hereby release and pledge to hold harmless the above-named Contractor, and its staff, from any liability in connection with the work listed above. By signing this Agreement, the Owner or Agent grant the Contractor permission to enter the dwelling unit and to perform or install feasible minor home repair and/or weatherization measures, depending on the above-described unit and agree to the all conditions of this document.

Owner (print or type name): _____
Owner's Address: _____
City: _____ ZIP Code: _____
Owner's Telephone Number: _____

Owner's (or Agent's) Signature: _____ Date: _____

If the Owner uses an agent for the above-referenced property, complete both Owner information and Agent information.

Agent (print or type name): _____
Agent's Address: _____
City: _____ ZIP Code: _____
Agent's Telephone Number: _____

In consideration of the weatherization work to be performed, the parties agree to:

1. "Rent" is defined as the tenant monthly payment to the Owner (non-subsidized housing) or the contract rent (subsidized housing).
2. The Owner or Agent shall not raise the rent (as shown on the submitted rent schedule) of the unit or evict the unit's resident because of the increased value of the unit due solely to minor home repair and/or weatherization measures provided by the Contractor.
3. The Owner or Agent shall not remove or demolish any of the improvements installed as part of the provided minor home repair and/or weatherization services.
4. Should any of the agreements contained in this document not be met or are found to be out of compliance with the above stated program, the above named Owner or Agent shall be financially responsible for the entire amount of weatherization work performed on the non-compliant units at the above address and will remit this amount to the above named Contractor immediately.
5. Failure of the Contractor to enforce this Agreement upon breach by the Owner shall not be construed as a waiver of the Contractor's right to enforce this Agreement.

Contractor:

The Contractor agrees to the following:

1. Shall be responsible for the cost of feasible minor home repair and/or weatherization measures performed other than cash contribution from the Owner or Agent, and any subsequent non-compliance.
2. Shall ensure that the Contractor is insured and shall be responsible for damage to unit premises, furnishing, and/or resident(s) that is caused by minor home repair and/or weatherization activities.
3. Shall schedule minor home repair and/or weatherization services at the convenience of all parties.
4. Shall provide minor home repair and/or weatherization services only to unoccupied multi-unit buildings that will become eligible within 180 days under program requirements.
5. Shall assure that the Owner, or Agent, and tenant data shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977, as amended, and the Federal Privacy Act of 1974, as amended.
6. Failure of the Contractor to enforce this Agreement upon breach by the Owner shall not be construed as a waiver of the Contractor's right to enforce this Agreement.

Contractor (print or type name): _____

Address: _____ Room No.: _____

City: _____ ZIP Code: _____

Program Manager's Signature: _____ Date: _____

DOE SERVICE AGREEMENT FOR UNOCCUPIED MULTI-UNIT BUILDINGS
CSD 515d (New 10/99)

INSTRUCTIONS

This DOE Service Agreement for Unoccupied Multi-Unit Buildings must only be used for unoccupied (vacant) multi-unit buildings to be weatherized under the Department of Energy Weatherization Assistance program for Low-Income Persons. Such buildings **must become eligible within 180 days** as well as meet other DOE program criteria. No DOE program services shall be performed without first obtaining the written permission of the Owner or Agent of the dwelling unit.

This Agreement is between the Contractor and the Owner or Agent of the unoccupied multi-unit building. It outlines the responsibilities of all parties involving energy program services/measures to be performed.

When appropriate parties agree to the terms of this Agreement, complete the form.

- Obtain Owner's name, address, and telephone number. If an Agent is used, obtain information for both the Owner and Agent.
- Obtain original signature of Owner or Agent.
- Enter Contractor's name.
- Enter Contractor's name and address.
- Obtain original signature of the Energy or Weatherization Project Manager, and enter date signed.

STATEMENT OF CITIZENSHIP or NONCITIZEN STATUS FOR PUBLIC BENEFITS

Name of Applicant (the applicant is the person who wants services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program.

Date

(Print) LAST

FIRST

MI

Name of Person Acting for Applicant, if any

Relationship to Applicant

(Print) LAST

FIRST

MI

PUBLIC BENEFITS TO CITIZENS AND NONCITIZENS

Citizens and nationals of the United States who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must fill out Sections A and D.

Noncitizens who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must complete Sections A, B or C, and D of this form.

SECTION A: CITIZENSHIP/NONCITIZEN STATUS DECLARATION

1. Is the applicant a citizen or national of the United States? Yes ☐ No ☐

If the answer to the above question is yes, where was he/she born?

(City/State)

2. To establish citizenship or naturalization, please submit one of the documents on List A (attached hereto) which is legible and unaltered to establish proof.

IF YOU ARE A CITIZEN OR NATIONAL OF THE UNITED STATES, GO DIRECTLY TO SECTION D. IF YOU ARE A NONCITIZEN, PLEASE COMPLETE SECTION B, OR, IF APPLICABLE, SECTION C.

SECTION B: NONCITIZEN STATUS DECLARATION

IMPORTANT: Please indicate the applicant's noncitizen status below, and submit documents evidencing such status. The noncitizen status documents listed for each category are the most commonly used documents that the United States Immigration and Naturalization Service (INS) provides to noncitizens in those categories. You can provide other acceptable evidence of your noncitizen status even if not listed below.

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). Evidence includes:
- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
 - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.
- ☐ 2. An alien who is granted asylum under section 208 of the INA. Evidence includes:
- INS Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
 - INS Form I-766 (Employment Authorization Document) annotated "A5";
 - Grant letter from the Asylum Office of INS; or
 - Order of an immigration judge granting asylum.
- ☐ 3. A refugee admitted to the United States under section 207 of the INA. Evidence includes:
- INS Form I-94 annotated with stamp showing admission under section 207 of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)";
 - INS Form I-766 (Employment Authorization Document) annotated "A3"; or
 - INS Form I-571 (Refugee Travel Document)
- ☐ 4. An alien paroled into the United States for at least one year under section 212(d)(5) of the INA. Evidence includes:
- INS Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA.
(Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

- ☐ 5. An alien whose deportation is being withheld under section 243(h) of the INA (as in effect prior to April 1, 1997, or section 241(b)(3) of such Act (as amended by section 305(a) of division C of Public Law 104-208). Evidence includes:
- INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
 - INS Form I-766 (Employment Authorization Document) annotated "A10"; or
 - Order from an immigration judge showing deportation withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under section 241(b)(3) of the INA.
- ☐ 6. An alien who is granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
- INS Form I-94 with stamp showing admission under section 203(a)(7) of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
 - INS Form I-766 (Employment Authorization Document) annotated "A3."
- ☐ 7. An alien who is a Cuban or Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
 - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
 - INS Form I-94 with stamp showing parole as "Cuban/Haitian Entrant" under section 212(d)(5) of the INA; or paroled after 10/10/80 in the special status for nationals of Cuba or Haiti.
- ☐ 8. An alien paroled into the United States for less than one year under section 212(d)(5) of the INA. (Evidence includes INS Form I-94 showing this status.)
- ☐ 9. An alien not in categories 1 through 8 who has been admitted to the United States for a limited period of time (a nonimmigrant). Nonimmigrants are persons who have temporary status for a specific purpose. (Evidence includes INS Form I-94 showing this status.)
- ☐ 10. I self-certify that I am a U.S. citizen or non-citizen national or qualified alien but am unable to provide documentation. (Only allowable under the Energy Crisis Intervention Program (ECIP) component of the LIHEAP Program.)

SECTION C: DECLARATION FOR CERTAIN BATTERED ALIENS

IMPORTANT: Complete this section if the applicant, the applicant's child, or the applicant child's parent has been battered or subjected to extreme cruelty in the United States by a spouse or parent.

- ☐ 1. Has the INS or the EOIR granted a petition or application filed by or on behalf of the applicant, the applicant's child, or the applicant child's parent under the INA or found that a pending petition sets forth a prima facie case for granting permission to stay in the United States? Evidence includes one of the documents on List B (attached hereto).
- ☐ 2. Has the applicant, the applicant's child, or the applicant child's parent been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a spouse's or parent's family member living in the same house (where the spouse or parent consented to or acquiesced in the battery or cruelty)?

SECTION D:

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature: _____ Date: _____

Signature of Person Acting for Applicant: _____ Date: _____

Attachments: Lists A and B
CSD Form 600, Revised 06/01

LIST A

A person who is a citizen or national of the United States.

I. Primary Evidence

- A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.

Note: If the document shows that the individual was born in Puerto Rico, the U.S. Virgin Islands, or the Northern Mariana Islands before these areas became part of the U.S., the individual may be a collectively naturalized citizen. See paragraph C below.

- United States passport (except limited passports, which are issued for periods of less than five years);
- Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350) (issued by the Department of State), copies of which are available from the Department of State;
- Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized. The N-570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed);
- Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent. The N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed);
- United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983, to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986);
- Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (this is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

II. Secondary Evidence

If the applicant cannot present one of the documents listed in A. above, the following may be relied upon to establish U.S. citizenship or nationality:

- Religious record recorded in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (unless the person was born to foreign diplomats residing in such a jurisdiction) within three months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- Evidence of civil service employment by the U.S. government before June 1, 1976;
- Early school records (preferably from the first school) showing the date of admission to the school, the child's date and place of birth, and the name(s) and place(s) of birth of the parent(s);
- Census record showing name, U.S. citizenship or a U.S. place of birth, and date of birth or age of applicant;
- Adoption Finalization Papers showing the child's name and place of birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (unless the person was born to foreign diplomats residing in such a jurisdiction) or, where the adoption is not finalized and the State or other jurisdiction listed above in which the child was born will not release a birth certificate prior to final adoption, a statement from a state-approved adoption agency showing the child's name and place of birth in one of such jurisdictions (note: the source of the information must be an original birth certificate and must be indicated in the statement); or
- Any other document that establishes a U.S. place of birth or in some way indicates U.S. citizenship (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (unless the person was born to foreign diplomats residing in such a jurisdiction)).
- A third party declaration as evidence of U.S. citizenship or nationality.

III. Collective Naturalization

If the applicant cannot present one of the documents listed in A. or B. above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico on or after April 11, 1899, and the applicant's statement that he or she was residing in the U.S., a U.S. possession, or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917, and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession, or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating residence in the U.S. Virgin Islands as a Danish citizen on January 17, 1917, and residence in the U.S., a U.S. possession, or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory, or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975, and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974, and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen.

IV. Derivative Citizenship

If the applicant cannot present one of the documents listed in A. or B. above, you should make a determination of derivative U.S. citizenship in the following situations:

Applicant born abroad to two U.S. citizen parents:

- Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. noncitizen national parent:

- Evidence that one parent is a U.S. citizen and that the other is a U.S. noncitizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa, or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock to a U.S. citizen mother:

- Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904, and before October 1, 1979, and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904, and before October 1, 1979, and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

All other situations where an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories but is unable to present the listed documentation:

- If the applicant is in the U.S., refer him or her to the local INS office for determination of U.S. citizenship.
- If the applicant is outside the U.S., refer him or her to the State Department for a U.S. citizenship determination.

V. Adoption of Foreign-Born Child by U.S. Citizen

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship.
- Since foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, refer the applicant to the local INS district office for a determination of U.S. citizenship if the applicant provides no evidence of U.S. citizenship.

VI. U.S. Citizenship by Marriage

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Ask for: Evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

LIST B

I. Documentation Evidencing an Approved Petition or Application

- INS Form I-551 ("Resident Alien Card" or "Alien Registration Receipt Card," commonly known as a "green card").

If you cannot determine the class of admission from the I-551 stamp, file INS Form G-845, and the G-845 Supplement (mark item six on the Supplement) (attached hereto) along with a copy of the document(s) presented, with the local INS office in order to determine whether the applicant gained his or her status because he or she was the spouse, widow, or child of a U.S. citizen or the spouse, child, or unmarried son or daughter of an LPR (lawful permanent resident).

- Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-9.
- INS Form I-797 indicating approval of an INS I-130 petition or approval of an I-360. A derivative beneficiary may establish eligibility by providing documents that establish that the child is included as a derivative beneficiary on the parent's visa petition approved or pending.
- A final order of an Immigration Judge or the Board of Immigration Appeals granting suspension of deportation under section 244(a)(3) of the INA as in effect prior to April 1, 1997, or cancellation of removal under section 240A(b)(2) of the INA.
- Other acceptable evidence of battered immigrant status.

II. Documentation Demonstrating that the Applicant Has Established a Prima Facie Case

- INS Form I-797 indicating that the applicant has established a prima facie case; or
- An immigration court or Board of Immigration Appeals order indicating that the applicant has established a prima facie case for suspension of deportation under INA section 244(a)(3) as in effect prior to April 1, 1997, or cancellation of removal under section 240A(b)(2) of the INA.

III. Documentation Indicating that the Applicant Has Filed a Petition or that a Petition Has Been Filed on the Applicant's Behalf, as Applicable, but with No Evidence of Approval of the Petition or Establishment of a Prima Facie Case

The benefit provider shall determine from the documentation when the petition was filed and take the actions set forth below:

- Applicants with petitions filed before June 7, 1997, should have an INS Form I-797 indicating filing of the I-360 petition by "self-petitioning spouse [or child] of abusive U.S. Citizen or LPR," a file-stamped copy of the petition, or another document demonstrating filing (including a cash register or computer-generated receipt indicating filing of Form I-360).
- Applicants with petitions filed after June 7, 1997, should have an INS Form I-797 indicating filing of the I-360 petition.

IV. Documentation Indicating that the Applicant Has Filed a Petition or that a Petition Was Filed on His or Her Behalf, as Applicable

The following must indicate that the applicant is the widow/widower of a U.S. citizen, the husband or wife of a U.S. citizen or LPR, the unmarried child under age 21 of a U.S. citizen or LPR, or the unmarried child age 21 or older of an LPR:

- For aliens on whose behalf a petition has been filed: INS Form I-797 indicating filing of an INS I-130 petition, a file-stamped copy of the petition, or another document demonstrating filing (including a cash register or computer-generated receipt indicating filing of Form I-130). (A sample copy of Form I-130 is attached to this Exhibit.)
- For self-petitioning widows or widowers: a file-stamped copy of the INS I-360 petition, or another document demonstrating filing (including a cash register or computer-generated receipt indicating filing of Form I-360).

V. Documentation Indicating that the INS Has Initiated Deportation or Removal Proceedings in which Relief May be Available

- An "Order to Show Cause";
- A "Notice to Appear"; or
- A "Notice of Hearing in Deportation Proceedings."

VI. Minimal or No Documentation Regarding the Claimed Filing

If the applicant has some documentation but it is insufficient to demonstrate filing, establishment of a prima facie case or approval of a petition, fax the INS Request Form on your agency letterhead, as well as a copy of any document(s) provided by the applicant, to the INS Vermont Service Center in order to determine the applicant's status. If the applicant has no documentation but is certain that a petition has been filed by his or her spouse or parent, fax the INS Request Form to the INS Vermont Service Center.

CSD Form 600, Lists A and B

Revised 06/01

Attachments: Sample INS Forms G-845, G-845 Supplement, I-130, EOIR Immigration Information Sheet, and EOIR Fax Request Form.

State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
LEAD-SAFE EDUCATION CONFIRMATION OF RECEIPT
CSD 321 (New 4/00)

Confirmation of Receipt of Lead Pamphlet

I have received a copy of the pamphlet, *Protect Your Family From Lead in Your Home*, informing me of the potential risk of the lead hazard exposure from weatherization/renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Printed name of recipient

Date

Signature of recipient

Self-Certification Option (for tenant-occupied dwellings only)

If the lead pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

☐ Refusal to sign — I certify that I have made a good faith effort to deliver the pamphlet, *Protect your Family From Lead In Your Home*, to the rental dwelling unit listed below at the date and time indicated and that the occupant refused to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.

☐ Unavailable for signature — I certify that I have made a good faith effort to deliver the pamphlet, *Protect Your Family From Lead In Your Home*, to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door.

Attempted delivery dates and times

Printed name of person certifying lead pamphlet delivery

Signature of person certifying lead pamphlet delivery

Unit Address: _____

☐ **Mailing Option** — I have mailed a copy of the pamphlet to the unit at the following address:

Unit Address: _____

Date Mailed: _____

Copy of Certificate of Mailing is attached.

LEAD-SAFE EDUCATION CONFIRMATION OF RECEIPT

CSD 321 (New 4/00)

Instructions

1. Use this form to document distribution of the pamphlet, Protect Your Family From Lead In Your Home, as required in EPA, 40 CFR Part 745, Final Rule, by personal delivery, self-certification for unsuccessful attempted personal deliveries, or the option to mail the pamphlet. Please refer to your copy of the Final Rule for details.
2. The final rule permits either the weatherization/renovation agency representative or a designated representative (such as a landlord) to deliver the pamphlet and obtain the acknowledgment. However, when using a designated representative, the weatherization/renovation agency remains responsible for compliance with this rule.
3. EPA also recognizes that there may be situations when an adult occupant cannot be reached or simply refuses to sign an acknowledgment. Under these circumstances, you as the weatherization/renovation agency, or your designee (such as the landlord), will be allowed to certify in writing that the delivery was attempted, and briefly explain what was done and why a signed and dated acknowledgment could not be obtained. A copy of the pamphlet is required to be delivered to the affected dwelling unit.
4. Another option to delivering the pamphlet is by mail. Proof of mailing is required. At a minimum, a certificate of mailing from the Post Office is required.
5. You must either have the proper documentation (signed and dated acknowledgment, or self-certification) or have purchased and received a certificate of mailing from the Post Office at least seven (7) days before the commencement of weatherization/renovation activities.
6. Keep a copy of this completed form in the client's file.

State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
NOTICE OF WEATHERIZATION/RENOVATION
CSD 320 (New 4/00)

Weatherization/Renovation Notice to tenants of weatherization/renovations in common areas of multi-family housing.

The following weatherization/renovation activities will take place in the following locations:

Activity(ies) (*e.g., sanding, window replacement*)

Location (*e.g., lobby, recreation center*)

The expected starting date is _____ and
the expected ending date is _____.
Because this is an older building built before 1978, some of the paint disturbed during the renovation may contain lead.

You may obtain a copy of the pamphlet, *Protect Your Family From Lead in Your Home*, by telephoning me at _____. Please leave a message and be sure to include your name, phone number and address. I will either mail you a pamphlet or slide one under your door.

Agency Performing Weatherization/renovation

Printed Name of Agency Representative Date

Signature of Agency Representative

NOTICE OF WEATHERIZATION/RENOVATION

CSD 320 (New 4/00)

Instructions

1. Use this form to comply with the Environmental Protection Agency rules in 40 CFR Part 745, Lead; Requirements for Hazard Education Before Renovation of Target Housing, Final Rule. Please refer to your copy of the Final Rule for details.
2. Prior to weatherization/renovation activities in a common area of a multi-unit building, you must notify residents (no more than 60 days prior) of the upcoming renovations and make the pamphlet available upon request, prior to the weatherization/renovation, at no charge.
3. Complete this form with the appropriate information. Post copies of this completed form in conspicuous places where the majority of tenants will see it. Ask the landlord to post a copy in the front office. You may wish to leave an appropriate number of copies of the pamphlet, *Protect Your Family From Lead in Your Home*, with the landlord.
4. Respond to all inquiries promptly.
5. Document the notification on Record of Tenant Notification Procedures, CSD 322.
6. Keep a copy of this completed form in the client's file.

State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
RECORD OF TENANT NOTIFICATION PROCEDURES
CSD 322 (New 4/00)

Record of Tenant Notification Procedures Prior to Weatherization/Renovation Activities
in a Common Area of a Multi-Family Building

Project Address:

Street (apt. #)

City

State

Zip Code

Owner of multi-family housing

Number of dwelling units:_____

Method of delivering notice forms (*e.g. delivery to units, delivery to mailboxes of units*)

Name of person delivering notices

Signature of person delivering notices

Date of Delivery

RECORD OF TENANT NOTIFICATION PROCEDURES

CSD 322 (New 4/00)

Instructions

1. Use this form to comply with the Environmental Protection Agency rules in 40 CFR Part 745, Lead; Requirements for Hazard Education Before Renovation of Target Housing, Final Rule. Please refer to your copy of the Final Rule for details.
2. Use this form to document the delivery of the Notice of Weatherization/Renovation, CSD 320, to tenants of a multi-family building prior to commencement of work in any common areas of the building.
3. Keep a copy of this form in the client's file.

A:\Tenant Notification.doc

Client: _____ Phone: _____

Address: _____ City: _____

**☐ APPLIANCE
NEEDS IMMEDIATE****(A) The following Health & Safety problems prevent installation of conservation measure(s):****☐ Malfunctioning combustion appliance(s) present with a condition requiring immediate service.**☐ Furnace/Heater, ☐ Water Heater, ☐ Range/Oven, ☐ Clothes Dryer, ☐ _____**☐ Extensive repair of structure or mechanical systems is required that is cost-prohibitive:**☐ Structure, ☐ Plumbing, ☐ Electrical, ☐ Heating, ☐ Other: _____**☐ Sanitation problems are present which could endanger the weatherization crew:**☐ Sewage, ☐ Other: _____**☐ Severe moisture problems are present:**☐ Structure, ☐ Crawl Space, ☐ Attic, ☐ Other: _____**☐ Harmful pesticide residue / ☐ Hazardous pest/insect infestation is present in:**☐ Dwelling, ☐ Yard, ☐ Crawl Space, ☐ Attic, ☐ Other: _____**☐ Other:** _____**Additional description of problem(s):** _____**(B) Measures that cannot be installed now: ☐ All / ☐ Some, which are:** _____**(C) Measures which cannot be installed now can possibly be installed after problems have been corrected.**The Weatherization Agency: ☐ cannot assist / ☐ will assist—by referring to other programs/agencies, and/or:☐ Other: _____**(D) Responsibilities of property owner:** _____**CLIENT ACKNOWLEDGMENT:** I/we have read (or had explained) the contents of this form and understand that: (1) the health and safety problems listed above prevent installation of some or all conservation measures at this time; (2) program limitations prevent the Weatherization Agency from correcting the problem(s); and (3) after responsibilities of the property owner listed in (D) have been met, all measures for which the home qualifies can be installed.☐ Owner, ☐ Tenant: X _____ Date: _____☐ Landlord, ☐ Agent: X _____ Date: _____**To obtain information, and to report all problems have been corrected, contact the Weatherization Agency:**

Agency: _____

Address: _____

Contact Person: _____ Phone: _____

This form was completed by:

Agency Signature: X _____ Date: _____

INSTRUCTIONS FOR CSD WEATHERIZATION DEFERRAL FORM

1.0 COMPLETING THE FORM

Prior to explaining the problems and health and safety concerns that will delay installation of one or more weatherization measures, complete the Weatherization Deferral Form according to the following instructions:

1. Part (A):
Check all applicable boxes, and write all needed notes, to describe the problems/conditions that preclude installation of one or more weatherization measures.
2. Part (B):
Indicate which measures(s) cannot be installed due to the existence of the described the problems/conditions.
3. Part (C):
 - a. When assistance can be provided, indicate what action will be taken by the Agency to assist the client (e.g., referrals to other agencies/programs that may remedy problems or conditions so deferred weatherization services may become feasible).
 - b. In the unlikely event that there is no way to provide assistance of any kind, check the applicable box and briefly describe why.
4. Part (D):
Clearly describe what the homeowner (or landlord/agent) must do in order for deferred weatherization services to become feasible.
5. Client Acknowledgement:
 - a. If owner-occupied, obtain the signature (and date) of an owner.
 - b. If a rental:
 - Obtain the signature (and date) of the head of the household.
 - Also obtain the signature (and date) of the owner or the landlord/agent.
6. Contact Information:
The bottom box must contain:
 - a. The Weatherization Agency's contact information, including the name and phone number of the contact person.
 - b. The signature (and date) of the person completing the Form (preferably, this will also be the person who explains it).

2.0 EXPLAINING THE FORM

Prior to obtaining client signature(s) on the Deferral Form, weatherization personnel shall review it with the client(s) and explain each portion of it.

1. Part (A):
Point out the checked boxes, and explain any written notes describing the

problems/conditions that preclude installation of one or more weatherization measures.

2. Part (B):
Point out which measures(s) will not be installed.
3. Part (C):
 - a. When assistance can be provided, explain what action will be taken by the Agency to assist the client (e.g., referrals to other agencies/programs that may remedy problems or conditions so deferred weatherization services may become feasible).
 - b. In the unlikely event that there is no way to provide assistance of any kind, explain why.
4. Part (D):
 - a. Make sure the homeowner (or landlord/agent) is aware of what they must do in order for deferred weatherization services to become feasible.
 - b. While doing that, attempt to also determine their intentions and timeline—whether or not they are likely to take the necessary action and, if so, when. (Lack of a commitment by the owner would suggest that this dwelling will probably never become a viable candidate for weatherization.)
5. Client Acknowledgement:
Make sure all responsible parties read (or have it read to them) and understand this section.
6. Contact Information:
Point out the Agency's contact information, and explain how to inform the Agency when remedial action is complete.
 - a. Make it clear that, after remedial action is complete, the dwelling must then be re-evaluated as a candidate for deferred weatherization—if such services are then available.
 - b. Do not make promises or firm commitments for future weatherization unless there is certainty that they can be fulfilled.

State of California Department of Community Services and Development						Reference # <div></div>						
CONTRACTOR POST-WEATHERIZATION INSPECTION REPORT						Agency <div></div>						
CSD 611 (Rev. 12/03)												
Customer:						Wx Date: / /						
Address:						Unit:						
City:				Zip:		Telephone #: ()						
1st Inspection -		Date: / /		Time In: am / pm		Time Out: am / pm						
2nd Inspection -		Date: / /		Time In: am / pm		Time Out: am / pm						
MEASURES INSPECTION RESULTS												
Status key: W=Work Order C=Installed Correctly IC=Installed Incorrectly R=Remedied U=Unfeasible B=Billed						Assessment		W	Yes	No	U	B
H&S Measures		W	C	IC	R	U	B	Comments				
1. Combustion Appl. Safety Check								40. Blower Door				
2. Combustion Appl. Hazard Repair								41. Duct Diagnostics				
3. Comb. Appl. Hazard Replacement								42. Energy Education				
								43. NEAT Energy Audit				
Mandatory Measures		W	C	IC	R	U	B	Lead-Safe Weatherization		Yes	No	N/A
4. Carbon Monoxide Alarm								44a. Is the home pre-1979?				
5. Minor Envelope Repair								Pre-1979 or undetermined age:				
6. Duct & Register Repair/Replacement								b. Lead info booklet provided?				
7. Glass Replacement								c. Were painted surfaces disturbed?				
8. Attic Venting								If painted surfaces were disturbed:				
9. Ceiling/Kneewall Insulation								d. Containment & poly used?				
10. Water Flow Restrictors								e. HEPA vacuumed & wet cleaned?				
11. Evap. Cooler/AC Vent Cover								f. HUD clearance report in file?				
12. Entrance Door Weatherstripping								Additional Comments				
13. Water Heater Blanket												
14. Water Heater Pipe Wrap												
15. Duct Wrap												
16. Switch & Outlet Gaskets												
17. Caulking												
18. Other Weatherstripping												
19. Refrigerator Replacement												
20. Electric Water Heater												
21. Microwave Oven												
22. Fluorescent Lighting												
23. Fluorescent Torchiere												
24.												
Optional Measures		W	C	IC	R	U	B	Comments				
25. Ceiling Fans												
26. Evap. Cooler Repair/Installation												
27. Filter/Signal Replacement												
28. Foundation Venting												
29. Floor Insulation												
30. Electric Water Heater Timer												
31. Programmable Thermostat												
32. Shade Screens												
33. Shutters												
34. Storm Windows												
35. Tinted Window Film												
36. Wall Insulation												
37. Wood-Fueled Space Heater								Customer Signature				
38. AC Unit Repair/Installation								Signature:				
39.								Date: / /				
I certify that this inspection is complete, any measures needing corrections have been remedied, and all installed measures meet CSD program requirements and are accurately represented.												
Inspector's Signature:								Date: / /				
Inspector's Name:								Telephone #: ()				

CONTRACTOR POST-WEATHERIZATION INSPECTION REPORT
CSD 611 (New 4/03)
Instructions

Post Weatherization Dwelling Inspections are required to be performed by the Contractor on 25% of all completed units. There is no contractor's equivalent allowed for this form.

Contractor must note any identified problems or discrepancies with the performed weatherization services, and also document the resolution of any identified problem, including any required follow-up inspection, prior to certifying the unit as complete. If during the first inspection, the inspector is unable to correct measures that were installed incorrectly or was unable to install measures not originally performed per the work order or building check and job order sheet, a second inspection must be performed.

1. Health & Safety, Mandatory and Optional Measures

- A. Check all measures included on the work order or building check and job order sheet under "W".
- B. If a measure was installed correctly and correctly billed, check "C".
- C. If a measure was installed incorrectly, not installed per the work order or billing information, or incorrectly billed, check "IC".
- D. If a measure was corrected during the inspection visit, check "R".
- E. If the measure was on the work order and not installed because it was unfeasible, check "U".
- F. If the measure was billed correctly, check "B".

2. Measures Inspections Results – Assessment

- A. Check all assessment processes included on the work order or building check and job order sheet under "W".
- B. If the assessment processes were performed correctly, check "Yes".
- C. If the assessment processes were performed incorrectly, not performed per the work order or billing information, or incorrectly billed, check "No".
- D. If the assessment processes were on the work order and not performed because it was unfeasible, check "U".
- E. If the assessment processes were billed, check "B".

3. Lead-Safe Weatherization

Answer all questions.

4. Contractor's Certification

This form must be dated and signed by the crew supervisor or other designated staff person per contract requirements.

CSD Weatherization Program Updates

**Low-Income Home Energy
Assistance Program (LIHEAP)**

**Department of Energy Weatherization
Assistance Program (DOE)**



Topics of Discussion

- **Weatherization Technical Manuals**
- **Lead-Safe Weatherization Training Video**
- **Weatherization Inspections**
- **CO Analyzer Calibration Policy**
- **Weatherization Task Force Update**
- **Open Discussion**

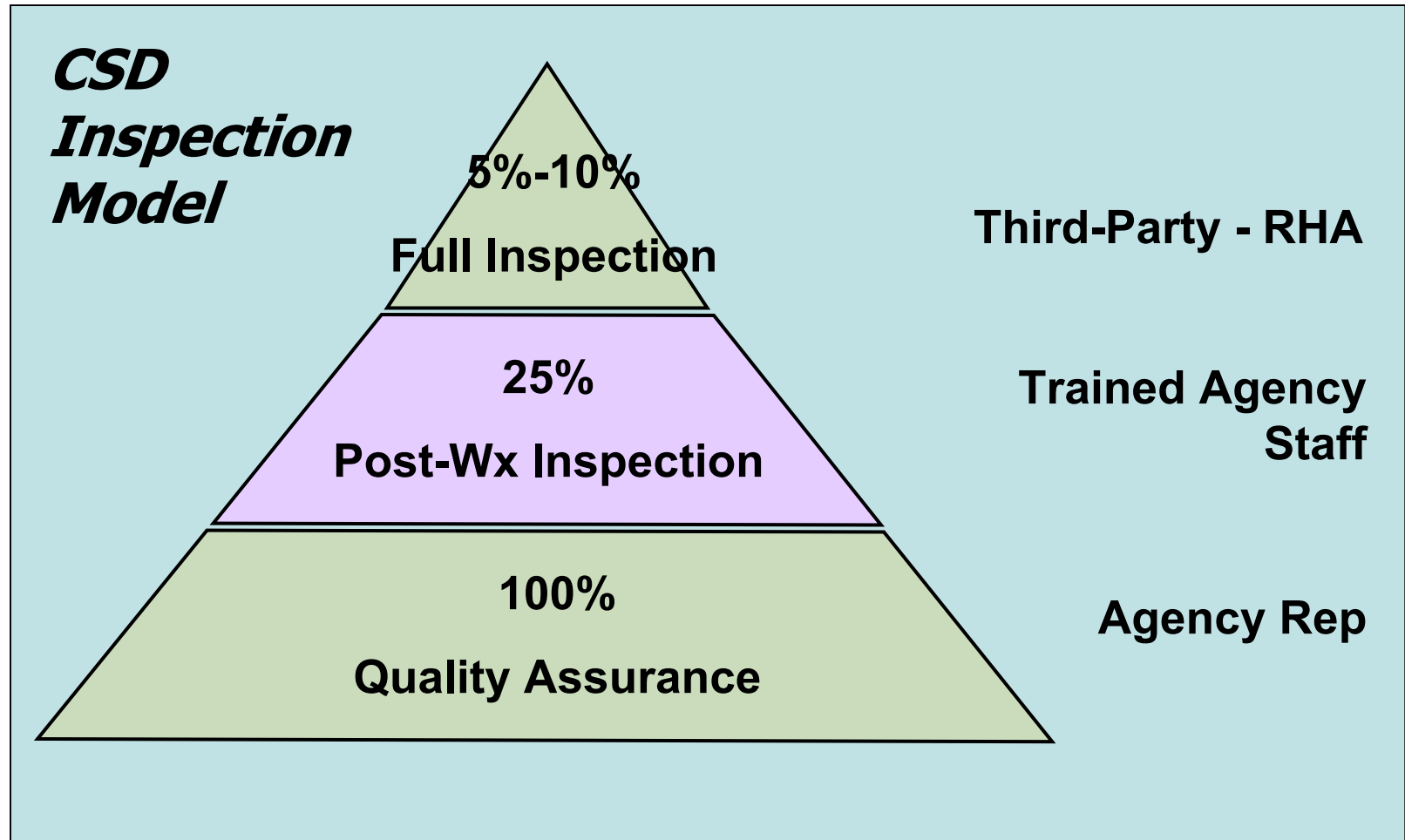
Wx Technical Manuals

- **New updates to WIS manuals**
 - **New measure reorganization**
 - **New CO Analyzer Calibration Policy**
 - **CO Analyzer Calibration Log**
 - **Updated blower door policy (multi-family)**
 - **DOE Disaster Relief Plan**
- **Manuals are required to be updated**
 - **Must be updated within 10 working days**
 - **Will be checked during monitoring and inspection visits**
 - **All changes effective immediately unless otherwise noted**

Lead-Safe Wx Training Video

- Will meet CSD's lead-safe weatherization training requirements
- Training package will include:
 - CD
 - DVD
 - VHS
 - Trainee Workbooks
 - Instructor's Manual
- Available in approximately two months

Weatherization Inspections



Quality Assurance

- **Signature on Building Order & Job Checklist or equivalent form required for valid certification**
- **Validates measures were installed in accordance with standards**

Post-Wx Inspections

- **Must complete Post-Inspection Wx Report**
- **Validates that assessments and measures were completed correctly**
- **Assures that any corrections discovered have been remedied**
- **Inspection by qualified staff person knowledgeable in blower door, CAS & standards**
- **Inspector should not be reviewing their own weatherization work**


Post-Wx Inspections

- **Priority given to those units with CAS testing, blower door testing, ceiling insulation, and minor envelope repairs**
- **25% rate of inspections to be performed must be in proportion to the number of completed units in a reporting period**
- **Reimbursed for actual labor hours up to \$90**

Full Weatherization Inspections

- **RHA contract in process**
 - **Inspections should resume in 2 months**
- **Expansion of CSD's role**
 - **Follow up on all corrections and scheduled visits**
 - **Transfer of key information to RHA collect from program/expenditure reporting**
- **All hazardous corrections will be re-inspected**
- **Number of visits dependent upon problems found in the field & annual quotas being reached**

Full Weatherization Inspections

- **Scheduling of inspection visits**
 - RHA will make initial contact by phone or email 18 days prior to visit
 - CSD will confirm with follow-up letter 
- **Cancellation of scheduled visits**
 - 24 hour notification to RHA prior to the visit is required
 - If proper notification not received, agency could incur costs for inspector's travel and time
 - Visit must be rescheduled within 90 days
- **Inspection P&Ps will be amended**

CO Analyzer Calibration Policy

- **Analyzers must be calibrated once every six months regardless of use**
- **Policy applies to all brands of analyzers**
- **All analyzers must be available for inspection during inspection & monitoring visits**
- **A calibration log must be maintained & available for review**
- **WIS manuals and Inspection Policies & Procedures will be amended to reflect new policy**

CO Analyzer Calibration Log

- **Calibration log to include:**
 - **Analyzer maker**
 - **Model name/number**
 - **Serial number**
 - **Purchase date**
 - **Calibration dates**
 - **Who performed calibration**

CO Analyzer Inspection Policy

- **Analyzers calibrated in-house**
 - **RHA & agency analyzers will be used to perform simultaneous CO test in the field**
 - **Significant differences in readings will require that all analyzers be recalibrated**
 - **No units can be used until recalibrations are performed**
 - **Infractions will be treated as hazardous corrections & must be resolved before the inspection is completed**

CO Analyzer Inspection Policy

- **Analyzers calibrated by manufacturer**
 - **Proof of calibration by:**
 - **Manufacturer's sticker on analyzer with expiration date and/or**
 - **Invoice for calibration with serial number of analyzer included**
 - **If expired, unit cannot be used until recalibrated**
 - **If information is not satisfactorily provided, analyzer will be tested using the in-house calibration inspection method**

CO Analyzer Inspection Policy

- **Analyzers calibrated by manufacturer-cont.**
 - **Infractions will be treated as a hazardous condition**
 - **Must complete a Hazardous Correction Work Plan**
 - **Must forward copy of calibration invoice to CSD**

Wx Task Force Committee

- **Purpose of task force**
 - **Serve as policy advisory body to CSD in evaluating existing wx reimbursement policies**
 - **Provide input regarding policy changes to:**
 - **Improve wx reimbursement to contractors**
 - **Development & institution of contractor performance objectives & program outcome goals**
 - **Improvement of data collection & reporting**
- **Team composition**
 - **Representatives from CSD & network**
- **Upcoming meetings: May 13-14, May 26-27**

Wx Task Force Areas of Focus

- **Reimbursement policy review**
 - **Measure reimbursement**
 - **Update existing hybrid reimbursement policy or implement alternative reimbursement models**
 - **True fixed fee**
 - **Cost reimbursement**
 - **Review reimbursement levels for all measures**
 - **Redefine or review labor rate**

Wx Task Force Areas of Focus

- **Reimbursement policy review – cont.**
 - **Frequency of reimbursement**
 - **Monthly vs. bi-monthly**
 - **Identify methods to streamline data reporting & increase programmatic accountability**
 - **Automation - CLASS**
 - **Modifying existing reports**

Wx Task Force Areas of Focus

- **Measure evaluation**
 - Explore benefits of eliminating measures that offer minimal energy savings or are problematic (call-backs)
 - Identify new measures offering greater energy savings and cost effectiveness
 - Review existing P&Ps guiding sequencing & installation of measures to ensure optimal energy savings
- **Federal & State movement towards performance based accounting & program outcome reporting**

Wx Task Force Key Objectives

- **Review & assist with identification of factors best suited for measuring contractor performance**
- **Provide recommendations for capturing & reporting energy savings & health benefits**
- **Aid in defining service goals for weatherization**
- **Assist in developing method to:**
 - **Quantify energy savings from wx service**
 - **Quantify health/safety services & benefits**
- **Implementation beginning in PY 2005**

Wx Task Force Information

- **Collect input from various participants**
- **Foresee need to request information from entire network**
- **Follow progress of team by reviewing meeting minutes & agenda at www.csd.ca.gov**
- **Updates provided at quarterly LIHEAP Provider's Forum Meetings**

Wx Task Force Update

- **Measure reimbursement**
 - **CSD has an obligation to ensure that rates are reasonable & reflect market rates**
 - **CSD has identified problems with current “one size fits all” hybrid model**
 - **Large variances in costs due to regional differences:**
 - **Labor costs**
 - **Demographics**
 - **Housing stock**
 - **Alternate funding sources**

Wx Task Force Update

- **Measure reimbursement – cont.**
 - **Based upon input so far, hybrid cost reimbursement model seems most likely**
 - **Focusing on a variation of the current hybrid model allowing adjustment for some variances described above**
 - **Identified some factors that make up the labor & measure reimbursement rates**

Wx Task Force Update

- **Data collection**
 - **Surveys to date**
 - **Demographics & measure analysis**
 - **Labor rates & other personnel related costs**
 - **Measure costs**
 - **Time & material costs data provided by network team**
 - **Compilation of data from other resources**
 - **State prevailing wage**
 - **California utilities**
 - **Other state weatherization programs**

Wx Task Force Update

- **Highlights of proposed measure changes**
 - **Blower door – Feasibility criteria**
 - **CO alarms – Allow battery operated units**
 - **Attic ventilation – Reduction due to change in industry standards**
 - **Filter replacement – Change to mandatory**
 - **Glass vs. window replacement – Create separate line item for window replacement**
 - **Hand-held showerheads – Allow for disabled**
 - **Programmable thermostats – Allow standard thermostats**

Wx Task Force Update

- **Proposed Measure Changes – cont.**
 - **Minor envelope repair**
 - **Redefine allowable activities**
 - **Extract some current allowable activities & create separate line items**
 - **EBL - Electric hot water heater – Change to optional**
 - **EBL - Hardwire CFL's – Increase to 2 units**
 - **EBL – Microwaves – Change to optional**
 - **EBL – Refrigerators – Change feasibility criteria**
 - **EBL - Torchiere lamps – Change to optional**

Wx Task Force Update

- **Proposed additional measures**
 - Dual pane window replacement
 - Fireplace inserts
 - Mobile home roofing with insulating qualities
 - Mobile home skirting
 - Whole house fans in specific climate zones
- **Measures to be deleted**
 - Operable vinyl windows
 - Shutters
 - Tinted window film

Open Discussion

- **Task force related items**
- **Mold/mildew**
- **Pollution occurrence insurance**

Wx Program Information

- **Department of Energy**
www.eere.energy.gov/weatherization/
- **WAPTAC**
www.waptac.org



Wx Program Information

- Visit the CSD WEBSITE address:
 - <http://www.csd.ca.gov>
 - Contractor only
 - ID: agencies
 - Password: 2004ca



Wx Program Contacts

- **CSD Wx email address**
wx@csd.ca.gov
- **CSD Wx FAX line**
916-341-4217
- **Jason Wimbley**
916-341-4356
- **Leslie Campanella**
916-341-4376





Thank You
For Attending

DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT

700 North 10th Street, Room 258
Sacramento, CA 95814
(916) 341-4200
(916) 341-4203 (FAX)
(916) 327-6318 (TDD)



MMDDYY

Draft

NAME/TITLE
COMPANY
ADDRESS

Subject: Weatherization Inspection Visit - LIHEAP and DOE

Dear **Agency Contact**:

The purpose of this correspondence is to serve as confirmation of your agency's scheduled on-site Weatherization Inspection Review from MMDDYY to MMDDYY. The Weatherization Inspection Review will be performed by a representative with Richard Heath and Associates (RHA) and will arrive at your agency 8:00 am, MMDDYY. Please note that the scheduled number of days serves only as an estimate, and dependant upon identified issues and agency needs disclosed during the review, the inspection visit may be extended.

The inspection visit will encompass a review of LIHEAP and DOE activity, not limited to and including: review of completed weatherized dwelling files; review of weatherization crew member training records; training and technical assistance as needed; and on-site evaluation of a select sampling of completed weatherized dwellings to ensure compliancy with program policies and procedures, CSD installation standards, NEAT, applicable Federal and State laws and regulations, and State and Local Building Codes. To facilitate the inspection visit, please make available to the inspector the [100](#) files reported to the Department of Community Services and Development (CSD) as completed for [November 2003](#), and provide a copy of training records for all current weatherization crew members.

CSD requires a qualified employee trained in accordance with CSD's contract requirements to accompany the inspector during the inspection visit for the purpose of making corrections during inspections, thereby minimizing or eliminating the need for return trips. In the event a qualified employee is not available to accompany the inspector after arrival, the visit will be rescheduled and your agency may be responsible for costs incurred by the inspector.

If your agency must cancel the inspection, it is very important that you contact **RHA directly at (530) 898-1323** within 24 hours prior to the inspection visit or your agency may be responsible for charges incurred.

Agency Name

Weatherization Inspection Visit - LIHEAP and DOE

Page 2

We appreciate your cooperation during the inspection. If you have any questions concerning this notice, please contact Sharon Juarceys at (916) 341-4296.

Sincerely,

Program Analyst

Weatherization Reimbursement Committee Volunteers

Agency	Last Name	First Name	Location	Email	Phone
Butte	Rush	Rae	Northern	rrush@buttecaa.com	530-538-7534 x203
Central Coast	Osmer	Dennis	Southern	dennis@energyservices.org	831-761-7081
CES	Novotney	Arleen	Southern	akawnov@yahoo.com	323-850-4676
CRP	Graham	Joan	Central	jgraham@cresource.org	916-567-5233
CRP	Perez	Louise	Central	lperez@cresource.org	916-567-5233
CUI	Carrillo	Toni	Southern	tonic@cuibrawley.com	760-351-5112
CVOC	Flores	Ernie	Central	efcvoc@aol.com	209-357-0083
CVOC	Warren	Jean	Central	jwarren@cvoc.org	209-357-0083
ESO	Tatsuta	Paul	Southern	ptatsuta@esoi.org	408-668-2527
KCAO	Leal	Saul	Central	sleal@kcao.org	559-584-4386 x143
MAAC	Bailey	Patty	Southern	pbailey@maacproject.org	619-409-7588
MAAC	Diaz	Elvira	Southern	elvira@maacproject.org	619-426-3595
Maravilla	Ocampo	Edward	Southern	edward@maravilla.org	323-869-4504
North Coast	McQueen	Linda	Northern	linda@pacific.net	707-463-0303
Orange	Kifaya	Kathy	Southern	kkifaya@capoc.org	714-839-0595 x5001
PACE	Llana	Cynthia	Southern	cllana@pacela.org	213-989-3254
Project Go	Durbin	Jennifer	Northern	projectgo@surewest.net	916-782-3443
Redwood	Martinez	Val	Northern	ecenter1@pacbell.net	707-444-3831 x206
Riverside	Juarez	Marie	Southern	mjuarez@riversidedpss.org	909-955-4900
San Bernardino	Warren	Bill	Southern	bwarren@csd.sbcounty.gov	909-891-3938
San Luis Obispo	McNamara	Jim	Southern	jmcnamara@eocslo.org	805-541-4122 x11
San Mateo	Parker	Bill	Central	wparker@baprc.com	650-595-1342
Santa Barbara	Hayes	Marie	Southern	mhayes@cacsb.com	805-964-8857 x149
Santa Barbara	Yates	Dale	Southern	dyates@cacsb.com	805-964-8857
Ventura	Olsen	Dave	Southern	vcchc14@earthlink.net	805-436-4034
VICS	Cisneros	Art	Southern	acisneros@hotmail.com	562-692-0461
CSD	Campanella	Leslie	PSTS	lcampanella@csd.ca.gov	916-341-4376
CSD	DeYoung	Norm	Field Ops	ndeyoung@csd.ca.gov	916-341-4271
CSD	Fairchild	Donna	Contracts	dfairchild@csd.ca.gov	916-341-4275
CSD	Godinez	Sukie	PDS	sgodinez@csd.ca.gov	916-341-4285
CSD	Michalak	Barbara	Audits	bmichalak@csd.ca.gov	916-341-4319
CSD	Nelson	Jeannette	Field Ops	jnelson@csd.ca.gov	530-625-4808
CSD	Ramirez	Oscar	PDS	oramirez@csd.ca.gov	916-341-4366
CSD	Wimbley	Jason	PSTS	jwimbley@csd.ca.gov	916-341-4356
CSD	Wohl	Wendy	Exec	wwohl@csd.ca.gov	916-341-4301